## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

04536945

(Column 1) (Column 2)							SMALL ENTITY.  TYPE			OR	OTHER SMALL		
FO	R		NUMBE	R FILED	NUMBER E	XTRA	RA	ΓΕ	FEE		RATE	FEE	
BASIC FEE									345.00	OR		690.00	
TOTAL CLAIMS			40	minus 20	= 120		X\$	9=		OR	X\$18=	360	
INDEPENDENT CLAIMS 5 minus 3 = * 2							ХЗ	9=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT								i0=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								ΓAL		OR	TOTAL	1204	
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN R SMALL ENTITY		
_			umn-1)		(Column 2) HIGHEST	(Column 3)	- C1V17	<u> </u>		ON I I	OIIIALL .	- A-186	
ENT A		REA A	MAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI-* TIONAL FEE	
AMENDMENT	Total	1		Minus = -	**************************************		- X\$	9=	至事	OR	_X\$18=≅		
AME	Independent	NITATI		Minus	*** ENDENT CLAIM	=	хз	9=		OR	X78=	-7.350	
<b> </b>	FIRST PRESE	NIAII	ON OF MIC	DENFLE DEF	ENDENT CLAIM		+13	30=	·	OR	+260=		
							T ADDIT	OTAL		OR	TOTAL ADDIT. FEE		
:		(Co	lumn 1)		(Column 2)	(Column 3)						÷ *	
ENT B		RE	LAIMS MAINING AFTER INDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total			Minus	**	=	X\$	9=		OR	X\$18=		
AME	Independent	· ·	ONOFM	Minus	*** ENDENT CLAIM	]=	ХЗ	9=		OR	X78=		
	FIRST PRESI	ENIĂI	ON OF MI	OLITE DEP	ENDEN! CLAIN		+13	30=		OR	+260=		
							T ADDIT	OTAL . FEE		OR	TOTAL ADDIT. FEE		
1		(Column 1) (Column 2) (Column 3)											
AMENDMENT C		RE	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₽ N	Total	•		Minus	**	=	X\$	9=		OR	X\$18=		
AME	Independent	ENTAT	ION OF M	Minus	PENDENT CLAIN	= A	ХЗ	9=		OR	X78=		
5	Trinol PHES	ENTAL	ON OF M	OLHELE DEF	LINDEINT CLAIR		+13	30=		OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													